

FILED OCT 30 1948

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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34514

9821

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
Life (Specify whether
years, months or days) 3

3. (a) PRINT FULL NAME SAMUEL T. NERALICH

3. (b) If veteran, name war World War 2 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Marie Neralich 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased March 21-1923
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 21 If less than one day
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business

12. Name Henry Neralich
13. Birthplace Jugoslavia
(City, town, or county) (State or foreign country)
14. Maiden name Draga Jakovac
15. Birthplace Jugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Neralich
(b) Address 4905 Hummelsheim Avenue
17. (a) Burial (b) Date thereof 10-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director W. B. Lupton
(b) Address 1926 Allen Avenue
19. (a) OCT 14 1948 (b) J. B. Lupton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 4905 Hummelsheim Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1948 hour 12:10 minute 30 A. M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage
from ruptured liver; when the motor-
cycle he was riding skidded and threw
him to the ground, at Hampton & Gravo
Ave., on Oct. 12, 1948, about 11:37 PM

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-12-1948
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? (Specify type of place)
(e) Means of injury
23. Signature Patrick E. Taylor (M. D. or other)
Address 1300 Clark Date signed 10-14-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Me....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Bernard L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.